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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/633,296
Filing Date	7/31/2003
First Named Inventor	Michael Czysz
Title	Vehicle with Separate Gearbox ...
Art Unit	3681
Examiner Name	Saul Rodriguez
Attorney Docket Number	MCZ005

I hereby revoke all previous powers of attorney given in the above-identified application.

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Name	Registration Number
Jennifer Lin	54,272

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I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature		Date	2/23/06
Name	Michael Czysz	Telephone	503.546.6686
Title and Company	CEO, MotoCzysz LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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